

DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES
Quality Assurance Division-Licensure Bureau
2401 Colonial Drive
P.O. Box 202953
Helena, MT 59620

MENTAL HEALTH CENTER

Application for Montana State Health Care Facility/Service License (Page 1)

ORGANIZATION NAME _____

ADMINISTRATIVE OFFICE ADDRESS _____

CITY _____ COUNTY _____

ADMINISTRATIVE OFFICE TELEPHONE NUMBER _____

NAME OF APPLICANT _____

APPLICANT ADDRESS _____

Application for license to conduct a Mental Health Center is hereby submitted under the provisions of Section 50-5-101 through 50-5-231, MCA.

The following information is required with this form to process your application for a Mental Health Center License.

1. If a partnership, firm or association, list every member thereof. If a corporation, list the name and address thereof and the names of its officers.
2. List the name and professional license number of the Mental Health Center's medical director.
3. List names and professional license numbers of all licensed professionals employed by your organization.
4. Please check the areas of endorsement for which your organization is requesting licensure, (ARM 37.106.1906):

_____ Child and Adolescent Intensive Care Management
_____ Adult Intensive Case Management
_____ Child and Adolescent Day Treatment
_____ Adult Day Treatment Program
_____ Foster Care for Adults with Mental Illness
_____ Comprehensive School and Community Treatment Program
_____ **Crisis Stabilization Program
_____ **Mental Health Group Home

**For each group home and for each crisis stabilization program, please provide the name, address, phone number, name of supervisor, and the number of beds.

5. Notice of contracts and/or agreements with other facilities or licensed professionals that may combine to provide the services listed in ARM 37.106.1906
6. All Mental Health Center facility addresses.
7. Mental Health Center Policies and Procedures

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If the facility is owned by anyone other than the applicant, attach a copy of rental agreement or lease showing consent to operate a Mental Health Center and the responsibility for maintaining the facility in accordance with the minimum standards established by the State Department of Public Health and Human Services and Montana Licensing Law.

Please enclose a check, money order or draft made payable to the Department of Public Health and Human Services to cover the license fee. The fee is determined as follows: (a) facilities with 20 beds or less -- \$20.00; (b) facilities with 21 beds or more -- \$1.00 per bed; (c) facilities with no beds -- \$20.00. This fee will be deposited in the State Treasury and is non-refundable.

Owner of building and grounds is_____

Name of Administrator _____

Name of Chairman of Board (if any)_____

DATE _____ SIGNED _____

TITLE _____

ADDRESS_____
